

Commonwealth of Virginia



Application for a Department of Health Permit

I/we hereby make application to the _____ Health Department for a permit to
operate a: Restaurant _____ Summer Camp _____ Campground _____ Motel _____ Hotel _____ Migrant Labor Camp _____
Other _____ NEW _____ RENEWAL _____.

Name of Establishment: _____ Phone No: _____

Address: _____ ZIP Code: _____

Name of Owner(s): _____

Address(es): _____

Name of Operator: _____ Phone No: _____

Address: _____ ZIP Code: _____

WATER SUPPLY: Private _____ Public _____ SEWAGE: Private _____ Type _____ Public _____

Method of Solid Waste Disposal: _____

Number of Rooms _____ Campsites _____ Seating Capacity _____ Persons Housed _____

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of Applicant or Person Authorized by Applicant to Sign this Application

_____ Title: _____

Address: _____ City&State: _____ ZIP Code _____

FOR OFFICIAL USE

Type of Permit: Food Service _____ Mobile _____ Seasonal _____ Institutional _____ Counter Freezer _____ Other _____

Approved for Permit _____ Date Signed _____ Sanitarian _____

Permit No. _____ Date Issued: _____ Expiration Date: _____

Remarks: _____